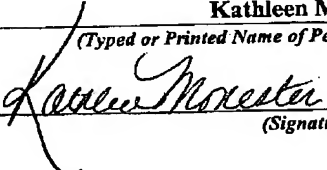



CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. P-5540
Applicant(s): HARDING			
Serial No. 10/017,024	Filing Date 12/7/01	Examiner L. R. KONTOS	Group Art Unit 3763
Invention: NEEDLELESS LUER ACCESS CONNECTOR			
OFFICIAL		RECEIVED	
		CENTRAL FAX CENTER	
		OCT 28 2003	
I hereby certify that this _____ <div style="text-align: center;">Transmittal/Response <small>(Identify type of correspondence)</small></div> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703 872-9302</u>) on <u>October 28, 2003</u> <div style="text-align: center;"><small>(Date)</small></div>			
<div style="display: flex; justify-content: space-between;"><div>Kathleen Monesteri <small>(Typed or Printed Name of Person Signing Certificate)</small></div><div> <small>(Signature)</small></div></div>			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. P-5540		
Applicant(s): HARDING					
Serial No. 10/017,024	Filing Date 12/7/01	Examiner L. R. KONTOS	Group Art Unit 3763		
Invention: NEEDLELESS LUER ACCESS CONNECTOR					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9 -	46 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	10 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. 02-1666 in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1666</p><p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p></div><div style="width: 35%; text-align: right;"><p>Dated: October 28, 2003</p></div></div>					
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><p> Signature</p><p>James J. Murtha, Reg. No. 35,769 Becton, Dickinson and Company 1 Becton Drive Franklin Lakes, New Jersey 07417-1880 (201) 847-7160</p></div><div style="width: 35%; border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div></div>					
CC:					